

of Claimed Infringement

Full Legal Name of Service Provider: MindSpring Enterprises, Inc.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 1430 West Peachtree St., N.W., Suite 400, Atlanta, GA
30309

Name of Agent Designated to Receive Notification of Claimed Infringement: Samuel R. DeSimone, Jr.

Full address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

1430 West Peachtree St., N.W., Suite 400, Atlanta, GA 30309

Telephone Number of Designated Agent: (404) 287-0770 Ext. 22634

Facsimile Number of Designated Agent: (404) 815-8805

Email Address of designated Agent: srd@mindspring.net

Signature of Officer or Representative of the Designating Service Provider:

Date: September 2, 1999

Typed or Printed Name and Title: Samuel R. DeSimone, Jr., Executive Vice
President and General Counsel

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.

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